



Perceptions and experiences of MediYoga among patients with paroxysmal atrial fibrillation—An interview study

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ABSTRACT

Objectives: We investigated the perceptions and experiences of a therapeutic yoga form, MediYoga, which is evolved from Kundaliniyoga among patients with symptomatic paroxysmal atrial fibrillation (PAF).

Design and setting: an inductive exploratory design was chosen with individual semi-structured interviews. The study was conducted with 12 participants (7 men and 5 women, average age 63.5) at a university hospital, Sweden. Informed consent was obtained from all participants. The data were analyzed using a qualitative content analysis with an inductive method and a manifest approach.

Results: Three categories were found in the analysis. In the category “A time for a sense of existence and presence”, the patients described an increased thoughtfulness and experiences of gaining access to an inner self. The category “A way of gaining well-being and increased consciousness” describes patients’ feelings of relaxation and feeling of comfort, with components of mental and physical well-being. Furthermore, “Access to a tool to gain willpower and relieve symptoms” describes the perceptions from patients to obtained access to a tool for handling the emotions, such as fear and anxiety, as well as symptoms that they could struggling with between, and during, their episodes of atrial fibrillation. No adverse events were reported by the yoga group, during the study.

Conclusions: Patients with PAF described MediYoga as an accessible tool to manage emotions and symptoms related to episodes of AF. MediYoga may also assist in enhancing body awareness, whereby physical, mental and spiritual components are integrated. MediYoga may strengthen self-management among patients with PAF.

1. Introduction

Atrial fibrillation (AF) is the most common heart rhythm disturbance associated with high mortality, morbidity and hospitalization.¹ Episodes of atrial fibrillation (i.e. paroxysmal atrial fibrillation, PAF) are correlated with palpitations, dyspnea and fatigue and can cause symptoms such as anxiety, stress and worry.² Reducing symptoms and preventing severe complications, for example stroke, are the primary treatment goals for patients with PAF.¹ The standard treatment is regulation with medication (rhythm-and/or frequency regulation), cardio version and/or ablation.¹ Patients with PAF reported that stress was one of the most perceived causes in episodes of AF,³ and a recent study showed that AF had a substantial impact on patients’ lives.⁴

Compared to the general population and patients with other cardiovascular diseases, patients with PAF experience a deteriorated health-related quality of life (HRQoL), which can influence their social

situation and working habits.^{3,5,6} A high arrhythmia burden and heart rate can also cause a decreased HRQoL.⁷ The literature shows that it is important to teach self-management to patients with PAF⁸ and there is also a need for practical tools to handle their emotions, such as anxiety and worry, that can occur with AF.⁹ Physical exercise, such as a self-care program, increased QoL in patients with PAF after an ablation. However, the results showed that changes did not appear to concern mental well-being.¹⁰

Yoga, as a complementary and alternative method, has also been suggested as a technique to manage symptoms occurring in episodes of AF to strengthen self-management.¹¹ Yoga was introduced to the West at the beginning of the 19th century, and has now been explored as an effective form of exercise in the community.¹² However, yoga also includes aspects such as mental training (meditation) and various breathing techniques,¹³ which can contribute to calming biological functions and relieving stress.¹² In relation to other diseases, yoga has

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been shown to increase HRQoL in patients with hypertension and heart failure.^{14,15} Moreover, yoga has also been seen to have positive effects as a self-care program in cancer-care and treatment for low-back pain.^{16,17} Furthermore, HRQoL increased when patients with PAF performed yoga as well as feelings of depression and anxiety decreased.¹⁸ In another study, patients with stress-related symptoms reported that, in MediYoga, a therapeutic yoga form, (www.medi-yogainstitutet.se)¹⁹ they had received a tool with which to manage their stress.²⁰

There is substantial evidence of impaired HRQoL in patients with PAF. HRQoL in this context is connected to subjective symptoms and emotions during episodes of AF. However, to our knowledge, few studies have evaluated self-management programs aiming to decrease symptoms, as well as improve well-being and HRQoL in patients with PAF. In caring science, the goal and overall objective are to support and strengthen peoples' health processes.²¹ In relation to this and existential needs, treatments for patients with AF are at odds with individual human personal desires. Therefore, it is important to provide support and assistance to this population in their health process and strengthen their self-management.

There is a lack of knowledge about complementary methods, such as yoga, for patients with PAF. Therefore, it is important to describe the experiences and perceptions of performing MediYoga.

The aim was to describe perceptions and experiences of MediYoga among patients with symptomatic PAF.

2. Methods

2.1. Study design and setting

An inductive exploratory design²² was chosen with individual semi-structured interviews.

The participants were enrolled from a previous randomized, controlled study, comparing MediYoga with relaxation or standard care (the MYPAF-study; MediYoga among patients with Paroxysmal Atrial Fibrillation). The MYPAF study was conducted at a university hospital in Sweden during 2014–2017 and 132 participants were randomized to one of the three groups, 44 in each group, Fig. 1. Demographic and clinical data were obtained from medical records.

2.2. Intervention

MediYoga, a therapeutic yoga form which is derived from Kundalini yoga, was performed in group sessions for one hour, once a week for 12 weeks (in addition to standard treatment) in the hospital. The MediYoga group received a CD-record with the yoga program and was encouraged to perform MediYoga at home. The program consisted of light movements, meditation and relaxation and could be performed sitting in a chair or on the floor, as described in Supplement I. The relaxation group listened to evidence-based calming music²³ (www.musiccure.com) in group sessions, half an hour, once a week for 12 weeks (in addition to standard treatment). The control group received only standard treatment. Inclusion criteria were: patients with symptomatic paroxysmal atrial fibrillation and aged ≥ 18 years old. Exclusion criteria were: patients with difficulties in the Swedish language, multiple concurrent medical conditions and/or cognitive dysfunction (e.g. mental illness, dementia) and considered unable to carry out yoga.

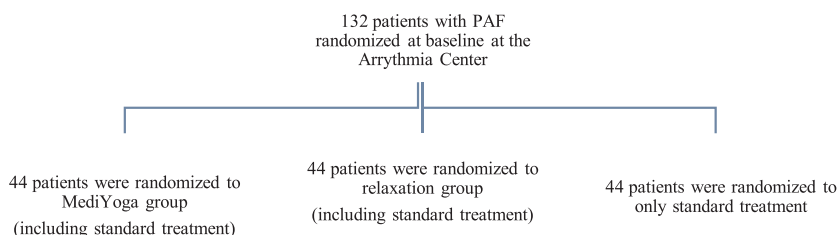


Fig. 1. Randomization flow.

2.3. Data collection

In the MYPAF study, the participants made two visits to the principal author; baseline (Visit I), and at the end of the study, 12 weeks (Visit II). At Visit I the participants, randomized to MediYoga group, were informed about, and asked if they would like to participate in, the upcoming interview study (after having completed the MediYoga sessions in the previous study). Meanwhile the MYPAF study were ongoing, the participants were consecutively selected at Visit II and asked again to participate in the interview study, by the principal author. The selection of participants to the interview study, from the MYPAF-study, were accomplished according to the principal authors' time frame, while including participants in the MYPAF-study. The subsequent interview was scheduled to suit the participants.

Both the MYPAF and the interview study were temporary interrupted during holiday and during summer time. Twelve patients were asked and all agree to participate in the interview study.

The interviews were conducted from February 2015 to May 2017 and were performed face to face. All three authors performed the interviews individually. They were all carried out in the same quiet room, which was chosen by the principal author, at the hospital. The principal author (RN, MA, PhD student, female) had no experience of performing research interviews, while the second (RN, PhD, female) and the last (RN, PhD, male) had such experience. To ensure consistency,²² a written semi-structured interview guide, with open and follow-up questions, was constructed and used, Supplement II. Two participants were asked to participate in pilot-interviews. After the two pilot-interviews, conducted by the principal author, the data were evaluated by the authors and the questions were revised slightly to elicit responses more closely related to the aim of the study. The pilot-interviews were included in the study. The authors perceived a repeated pattern in the analysis after ten interviews. Two more patients were included to ensure information power.²⁴ The interviews were audio recorded and transcribed verbatim, directly after the interview, by the principal author. To verify that the transcribed text was correct, the recorded interviews were compared with the text. The duration of the interviews was 17–32 minutes and they were conducted not more than four weeks after the final intervention of the previous study.

2.4. Ethical considerations

All participants provided verbal and written informed consent at baseline, and information about the interview study was repeated verbally before the interview started, at baseline. It was made clear that participation was non-compulsory and that it was possible to discontinue the interview without consequences. The study was approved by the Ethics Committee of Stockholm, Sweden (DNR 2013/953-31/4). Clinical Trial Gov Id: NCT02223156. The investigation conforms to the principles outlined in the Declaration of Helsinki.²⁵

2.5. Data analysis

The interviews were analyzed using qualitative content analysis, with an inductive method, in a manifest approach.²⁶ Content analysis is a method of systematically analyzing written or verbal communication.²⁷ To obtain a sense of the whole, the transcribed texts were

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